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State of New Jersey
**GOVERNOR'S JUVENILE JUSTICE AND DELINQUENCY
PREVENTION COMMITTEE**

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TO: Youth Services Commissions Administrators
and Other Interested Parties

FROM: Danielle Hill, Gender Specific Services Coordinator; and Kylthia Roberts,
Supervisor, Gender Specific Initiative Office of Program Development and
Prevention Services

DATE: October 1, 2004

RE: Notice of Availability of Funds

This notice is to announce the availability of **\$340,000 in FFY03 Formula Grant funds** to provide twelve months of funding for the implementation of the New Jersey Young Women's Health Initiative.

The Governor's Juvenile Justice and Delinquency Prevention Committee under the auspices of the Juvenile Justice Commission is seeking to establish pilot programs that will address the critical physical, mental and behavioral health needs of at-risk and delinquent juvenile females in a holistic manner. Providers are being sought to provide comprehensive health care education, assessment and advocacy to ensure access to needed health care services for girls at-risk of juvenile justice system involvement, as well as, delinquent girls returning to the community from placements within the juvenile justice system. A health care professional should take the lead in the implementation of this project. It is expected that two or three grants will be funded. Applicants are not required to contribute matching funds, however, any contribution will be considered a demonstration of commitment to the program. Eligible applicants include legally established hospitals, free-standing clinics, local government agencies, schools, or incorporated nonprofit

organizations which meets the 501(c)3 standards of the Internal Revenue Service. Coordination between community-based organizations and health care agencies is encouraged. **Please be advised that State government agencies are not eligible to apply for these funds.**

Juvenile Justice and Delinquency Prevention (JJDP) Act funds are provided for a maximum of three years, with a step down in funding in the second year and further reduction in the third/final year of JJDP funding. Second and third year continuation funding is based on availability of federal funds and satisfactory program monitoring, based on the program's ability to achieve stated goals/objectives, contractual obligations and program quality).

MANDATORY BIDDERS CONFERENCE

In an effort to assist candidates in applying for these funds, a mandatory potential applicant conference will be held on Monday, November 8, 2004 at 10:00 am at the Ramada Inn and Conference Center in East Windsor, NJ. Please register your participation by November 3, 2004 with Thurayya Peagler at 609-341-5349. (Directions are attached).

APPLICATION REQUIREMENTS

Administrative Requirements

Applicants must meet the following administrative criteria to be eligible for these proposed funds:

1. Be a legally established hospital, free-standing clinic, local government agency, school, or incorporated nonprofit organization which meets the 501(c)3 standards of the Internal Revenue Service.
2. Have a New Jersey address and be able to conduct business from a facility located in New Jersey.
3. Be in good standing with all State and/or Federal agencies with whom the applicant has had a grant or contractual relationship.
4. Cannot be suspended, terminated or barred from contracting with State or Federal government for deficiencies in performance of any award, and all past issues have been resolved satisfactorily, as demonstrated by written documentation.
5. If a current JJC/JJDP subgrantee be in compliance with the terms and conditions of its current grant.

6. Have the capacity to uphold all administrative, operating and staffing standards outlined in its agency's policies and procedures.
7. Must attend the mandatory bidders conference.
8. Have a site visit conducted before an award is granted.

Instructions for Applicants and Deadline Dates

Applications must be limited to 25 pages, one and one-half spaced, (not including appendices), 12 point font, with a maximum of three pages for the Executive Summary. Ten copies of the full application are to be submitted to the Office of Program Development and Prevention Services, by Monday, December 6, 2004 by 5:00 p.m. There will be no extensions of the deadline. Fax and e-mail copies will not be accepted. Please number each page of the application. Applications can be mailed to:

**Danielle Hill, Gender Specific Services Coordinator
Office of Program Development and Prevention Services
Juvenile Justice Commission
P.O. Box 107, Trenton, NJ 08625**

**Hand deliveries should be sent to:
Danielle Hill, Gender Specific Services Coordinator
Office of Program Development and Prevention Services
Juvenile Justice Commission
1001 Spruce Street, Suite 202
Trenton, NJ 08625**

One copy of the proposal is to be submitted to the Youth Services Commission Administrator in each county in which services are to be provided.

Restrictions on Uses of Grant Funds

Grant funds **cannot** be used for the following costs or purposes:

- Purchasing or acquiring land;
- Construction or renovation costs;
- Supplanting federal, state or local funds supporting existing programs and services;
- Vehicle acquisition;
- Bonuses, commissions, or honorariums;
- Lobbying; and
- Fund raising and grant writing.

Reporting Requirements

Successful applicants must:

- Keep available a copy of the official grant file.
- Submit satisfactory information for resolving any outstanding general and special conditions included in the award package within 30 days after receipt of award letter.
- Submit online quarterly fiscal and programmatic reports to the Office of Program Development and Prevention Services through the JJC's Juvenile Automated Management System (JAMS). Fiscal reports are due **10 working days after the end of the quarter**. Programmatic reports are to be submitted **30 days after the end of the quarter**. A final fiscal report must be submitted upon liquidation of all grant funds and a final programmatic report summarizing the accomplishment of the grant year must be submitted **30 days** after the completion of the grant period.

A mandatory post award training session on the management of the reporting process will be held prior to the official start of the grant. For more information on the application process, or to obtain further information regarding the appropriate County Youth Services Commission Administrator please contact Danielle Hill at 609-341-3805.

OVERVIEW AND HISTORY

The Juvenile Justice and Delinquency Prevention (JJDP) Act

The JJDP Act of 2002 was passed by Congress to improve the nation's juvenile justice system. It provides Formula, Title V Funds and Juvenile Accountability Block Grant (JABG) for delinquency prevention and intervention to states that comply with the JJDP Act's core requirements, which are:

- Removal of status offenders and non-offenders from secure detention and placement;
- Removal of juvenile offenders from adult secure facilities;
- Sight and sound separation of accused delinquents from adult offenders in secure institutions; and
- Addressing the overrepresentation of minority youth in the juvenile justice system.

Resources and Information from the Office of Juvenile Justice and Delinquency Prevention (OJJDP)

OJJDP is the entity within the federal Department of Justice that administers JJDP Act grant funds, including Formula, Challenge Activity, Title V and JABG funds. OJJDP also provides valuable information and resources for applicants, including:

Juvenile justice data and research findings: Available from the Juvenile Justice Clearinghouse at (800) 638-8736 or www.ojjdp.ncjrs.org/.

Performance standards and evaluation information: Available from the Justice Research and Statistics Association (JRSA) at www.jrsa.org.

New Jersey Governors' Juvenile Justice and Delinquency Prevention Committee

The JJDP Committee is the citizens advisory group appointed by the Governor, as required by the JJDP Act, to advise the Governor and the Legislature on juvenile justice issues. The JJDP Committee assists staff in reviewing applications for funding and provides the final approval on all programs recommended for funding.

Culturally Competent and Appropriate Services

The JJDP Act requires states to address the overrepresentation of minority youth in the juvenile justice system. This is defined as the presence of minority youth in the juvenile justice system at higher rates than should be expected based on their presence in the general population. This phenomenon is also seen in girls that are detained or committed. Both the Juvenile Justice Commission and the JJDP Committee are committed to addressing this problem by improving services to minority youth and females throughout the juvenile justice system. Therefore, the proposals that are sought should reflect both cultural competence and cultural appropriateness. In addition, the staff hired should include members of the primary populations to be served. Hired staff must also be trained in meeting the needs of girls in a gender responsive manner.

Cultural Competence: Academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and an ability to utilize community-based values, traditions and customs and to work with knowledgeable persons from the community in developing focused interventions, communications and supports.

Cultural Appropriateness: Sensitivity to cultural differences and similarities and effectiveness in communicating within and across cultures.

Gender Equity

Although females represent a smaller portion of the total population arrested, detained and confined due to criminal charges, their development and needs are different from boys, therefore, their treatment must be different. The JJDP Committee has identified gender specific services for juvenile females as a priority for JJDP Act funds. Programs that propose to serve females must explain how the program will address the unique needs of the females as part of the components and philosophy of the proposed program.

In general terms, when structuring a health program for juvenile females, the essential components must include underlying principles that:

- Meet the unique needs of females;
- Value and honor the female perspective and experience;
- Celebrate the contributions of girls and women;
- Understand and respect female development;
- Empower girls and young women to reach their full human potential; and
- Work to change established attitudes that prevent or discourage females from realizing their potential.

Program components to be considered should:

- Provide girls with empowerment strategies that focus on building positive relationships and improving self-esteem and self advocacy;
- Offer information about and treatment for victimization issues;
- Include information regarding wellness, including mental health, physical health and hygiene, sexuality and family planning/pregnancy prevention;
- Include substance abuse prevention and intervention components;
- Be interactive and involve the participants;
- Be culturally appropriate and address girls from multiple backgrounds; and
- Focus on the total being

Gender Developmental Differences

This Notice of Availability of Funds (NOAF) seeks to address the key issues that impact the health of at-risk and delinquent girls. These include the need for early and accurate screening and identification of physical and mental illnesses; access to quality health care; regardless of socioeconomic status; knowledge of basic health care; and self-care and advocacy skills. The literature on the developmental differences between girls and boys clearly shows that young girls relate and think very differently than young boys. These differences are often overlooked when designing female-focused programming. When gender programs are specifically designed in light of females' unique developmental and relational characteristics, females tend to do better and are more supported and empowered in their own lives. When these programs include a focus on increasing the protective factors against delinquency and decreasing risk factors associated with delinquency in the context of these gender specific differences, the lives of young women may be changed forever.

At a very early age, youth are assigned gender roles by the environment, media, their parents, and by the toys they are given to play with. Through these various mediums, girls are taught to be passive and nurturers. By playing with dolls, girls are taught child rearing, housekeeping, and nurturing skills at a young age. On the contrary and via the same methods, boys are taught to be aggressive and assertive. As a result, the passive and aggressive mentalities/personalities found in both genders transcend throughout the

stages of development of youth through adulthood. (Campenni,1999). According to McCune-Nicolich and Woolfolk, 1984, the developmental stages of youth, created by Erik Erickson, differ based on gender. Erik Erickson's Theory of Socio-emotional Development illustrates that youth first find their identity then engage in intimacy. Carol Gilligan (2001) argues that although this may be the case for boys, girls find and define themselves through relationships with others, "thus women not only define themselves in a context of human relationships but also in terms of their ability to care. Women's place in man's life cycles has been that of nurturer, caretaker, and helpmate, the weaver of those whose networks of relationships on which she in turn relies." Male relationships grow based on separation (independence) while female relationships, which are based on attachment; thus girls embrace intimacy, not separation. In addition, reversing this model would threaten the identity of the opposite gender; since "masculinity is defined through separation while femininity is defined through attachment, male gender identity is threatened by intimacy while female gender identity is threatened by separation" (Gilligan, 2001). Therefore, since female gender identity is threatened by separation, it is also threatened by temporary relationships. Definitions of temporary relationships are individuals who drift in and out of the lives of girls. These temporary relationships, depending upon their impact, can be injurious to the survival of girls.

The developmental stages in girls and boys differentiate in values, developmental psychology, linguistics, and learning. In each one of these stages, the assertive and aggressive nature of boys is demonstrated as opposed to girls who value relationships and interact with others in the context of them (Tucker-Ladd, 2004). With these gender differences in mind, all programming for girls needs to be specific and responsive to their unique needs. Effective and holistic programming for girls needs to be culturally competent and promote protective factors that will not influence or endorse violent or aggressive behavior. Such protective factors include, but are not limited to, the level of resiliency, empowerment, family support/involvement, community support/connection, self-sufficiency and self-reliance, and a strong sense of independence and self (Greene, Peters, and Associates, 1998). Primary protective factors also include providing girls with physical and emotional safety, as well as, close supportive relationships with caring and reliable adults. Overall, protective factors, according to the Office of the Surgeon General (1999), are grouped into individual, family, school, peer, group, and community categories.

The Health Needs of Young Women At Risk of Delinquency

Girls often enter the juvenile justice system through the commission of 'low-level'/status offenses or family crisis cases. They often come into the system victimized and may have mental health and/or substance abuse issues which put them at risk of delinquency and violence. As stated by Prescott (1998), "girls are often arrested for non-violent crimes that are drug related and are entering the system with serious mental health and medical issues associated with substance abuse, high-risk sexual behavior and violence." Nationally, girls at-risk of delinquency or court involvement often suffer from one or more physical or mental health ailments. Leslie Acoca (2003) found that "some 88% of girls in the juvenile justice system experience one or more serious health or mental health disorders." These physical and mental health ailments are often exacerbated by daily

issues girls face- physical and emotional abuse, risky behaviors, violence and victimization.

The Maine Women's Health Campaign (1996) notes "experiences such as sexual assault and unsafe sexual behaviors can put girls at risk for immediate and long-term health and emotional consequences." Unless girls' victimization is adequately addressed, the result is often anger, depression or aggressive acting out behaviors.

When a girl enters the juvenile justice system for the first time, it is often the first time that her physical and mental health is assessed. Girls and their families are often denied access to sufficient and effective physical and mental health care due to poverty, socioeconomic status, issues surrounding insurance and transportation and a host of other barriers. Prescott (1998) asserts that "many of these young women present complicated clinical profiles as a result of the pervasive violence in their lives. The predominance of abuse, subsequent posttraumatic stress, depression, suicidality, low self esteem, self injury and substance abuse is frequently compounded by poverty, poor scholastic retention and relatively few community resources."

Physical Health

Examining the physical health needs of at-risk and court involved girls is a growing phenomenon. These emerging health issues, which often go unscreened until girls are placed in shelter care, residential treatment, detention, and secure care, are compounded with a variety of factors involving issues surrounding victimization. "Abuse –both inside and outside the juvenile justice system and significant family and school problems- are correlated with girls' health and behavioral health problems" (American Bar Association, 2001). Health issues are often undiagnosed until girls are placed. Experiences of abuse and victimization often compound these issues and lead to significant family and/or school problems. As a result, girls' ability to live healthy lives and their capability to bear children becomes impeded. "These health factors, in addition to stressors related to the conditions of confinement experienced by detained and incarcerated girls, could compromise [their health,] their pregnancies, the health of their children and their ability to parent" (Acoca, 2004).

Mental Health

As the number of girls involved in the juvenile justice system increases, simultaneously, the number girls diagnosed with mental illnesses also increases. These mental illnesses are often overlooked, undetected, misinterpreted and eventually misdiagnosed. This type of malpractice and negligence creates a cyclical affect that often contributes to the recidivism of girls in the system. Thus "girls receive treatment for the wrong disorder focusing on their aggressive or violent behavior rather than the underlying problem of maltreatment or exposure to traumatic events" (Sharp and Simon, 2004). Girls that are often misdiagnosed and/or do not receive "gender- and trauma- specific treatment, are likely to experience high rates of criminality, substance abuse, early pregnancy, and continued interpersonal violence" (Veysey, 2003).

Post Traumatic Stress Disorder (PTSD), one of the most prevalent and often misdiagnosed disorders, is often found in at-risk and court involved girls. PTSD is found in people whom have experienced or repeatedly experience, see, or learn about an extreme traumatic event. The effects of the event can cause intense fear, helplessness, horror, depression, low self-esteem, insomnia, panic, nightmares, and flashbacks. According to Bloom Covington, and Owen (2004), "PTSD is a psychiatric condition often seen in women [girls] who have experienced sexual abuse and other trauma."

Substance Abuse

Difficulty handling the emotional results of victimization or other life stressors, combined with peers that participate in substance abuse can become the catalyst for abuse and addiction. This is further exacerbated by mental and emotional difficulties. In coping with these issues, girls usually react in two ways; striking outward, which connotes fighting and running away and/or striking inward which includes substance abuse and depression. Often, girls use illegal substances as a coping mechanism, which they believe will numb the emotional pain, however it prevents them from dealing with their underlying issues. According to the Child Welfare League of America (2004), "girls typically abuse substances to relieve stress, lose weight, improve their mood, or reduce inhibitions."

Typically, girls diagnosed with mental health disorders in the juvenile justice system are sometimes dually identified with substance abuse problems. Girls with these co-occurring disorders are diagnosed as Mentally Ill Chemical Abuse Addicted (MICAA) or Chemical Abusing Mentally Ill (CAMI). Sciacca (1991) suggests that, "MICAA persons are diagnosed with a major psychiatric disorder, such as schizophrenia, coupled with severe substance abuse issues and requires medication to control the psychiatric illness." Those diagnosed as CAMI, on the other hand, are "persons that have severe substance abuse dependence coupled with a severe personality or character disorder, such as bipolar or borderline" (Sciacca, 1991).

During their journey through the juvenile justice system girls may be moved from one facility to another. Often times adequate medical history and records do not follow them. This presents difficulty for medical providers within the system who must ascertain which diagnosis and treatments girls have already received and where treatment should be continued or changed. Issues of access to medical records, confidentiality and now the more stringent HIPPA (Health Insurance Portability and Accountability Act) privacy rule requirements provide additional barriers to ensuring adequate medical treatment.

As previously stated, this NOAF seeks to address the key issues that impact the health of at-risk and delinquent girls. These include, the need for early and accurate screening and identification of physical and mental illnesses; access to quality health care, regardless of socioeconomic status; knowledge of basic health care; and self-care and advocacy skills. It is expected that the program developed in response to this NOAF will be constructed to address and meet the unique developmental and relational needs of girls.

Purpose

The overarching purpose of the New Jersey Young Women's Health Initiative is to create model projects that will increase positive health outcomes for juvenile females that are at-risk of involvement or involved in the justice system. This will be accomplished by utilizing a healthcare professional to ensure access to quality medical treatment and by teaching young women to successfully navigate the medical services system in an effort to ensure that their own needs are met.

The project seeks to develop collaborations that will implement and evaluate their success in achieving the following:

- Administering to each program client an individual comprehensive assessment that will identify clients' overall physical and mental health needs;
- Ensuring each client's access to quality medical treatment;
- Ensuring that transportation is available to clients, where needed;
- Securing insurance or indigent care services, where needed;
- Providing interim medical supplies for a short-term, where necessary, which will be allowable costs within the grant;
- Assisting each young woman in fully understanding basic women's health, her own health, and the health history of her biological family;
- Assisting each young woman in developing a customized personal development plan that will establish short, intermediate and long term goals as it relates to her health and her life in general;
- Developing replicable policies, procedures and system of care;
- Providing information, referral and case management services where needed to assist young women in managing their health and their lives;
- Teaching self advocacy skills to each client to manage her personal health care by accessing quality medical care on her own and advocating for her own health care where necessary; and
- Teaching young mothers to manage the health care of their children.

PROPOSAL FORMAT

Executive Summary (5 Points)

Provide a three- page summary of the program to be provided following the same format as for the application.

Applicant Agency (10 Points)

Introduce the implementing/lead agency that will provide services to the identified population. Describe the implementing agency, its mission and services. Provide background information on the agency's ability to serve the target population, noting any history of service to girls, including a description of programs provided, numbers served and any available evaluation/outcome data. Collaboration with other agencies/providers is strongly encouraged to ensure that comprehensive services are provided to meet the holistic needs of girls.

Problem Statement (15 Points)

The problem statement needs to demonstrate the need for the proposed program and its interventions. Describe the geographic community to be served. "Community" is defined by you and can be a neighborhood, city, or county. How prevalent are the key health issues to be addressed among the population to be served? What resources currently exist in the community to address the identified health issues?

Describe the specific health issues facing the juvenile female population that you are proposing to serve. This should include physical health, mental health and substance use/abuse issues. Indicate the scope of the problem and provide any available supporting data for the geographic area to be served. If data is not available on the local level, use county data. National data on the problem area is **not** requested. Data, may include, but is not limited to: teen pregnancy; physical, emotional and sexual abuse; rape victims, by age; sexually transmitted infections; live birth/mortality; and suicide rates. Provide a short discussion of the physical and mental health issues that likely result from the identified problems. Additionally data is requested on: truancy, dropout, juvenile arrest, detention and commitment statistics. Please provide race and age breakdowns on data. To the extent possible, provide actual numbers as well as percentages. Data provided should be for females only. Data gathered directly from girls or providers through focus groups or surveys is also encouraged.

Create a Program Logic Model (25 Points) - See Attachment

Applicants are required to develop a logic model in which all program components (this includes goals, objectives and activities) have a logical, responsive and interrelated relationship. For example: the goals, if achieved, will address and resolve the identified problem as it relates to girls health issues and their causes; the activities, tasks and services provided by program staff will address the stated objectives which should lead to fulfillment of the program goals. The program that is developed and its components should logically address the problems. Provide the rationale explaining why the selected program components would be expected to resolve the issues that have been cited in the problem statement. Please complete a schematic in the format of the attached logic model form.

State the overall goal(s) of the project. Goals are defined as: Long range systemic or behavioral changes that will address the problem/needs you described in the Problem Statement. Your proposal should include 1-3 broad goals that guide your project, that are consistent with addressing the problems identified in the problem statement.

In identifying goals, it may be useful to address the following:

- a. What are we trying to accomplish?
- b. What desired results do we expect?
- c. How would we like current conditions to change?

State the objectives that will facilitate the project reaching its goals. Objectives are defined as: Specific immediate or intermediate changes in behavior, attitude, knowledge or skills that will occur as a result of your program. Objectives are the focus of project activities and should identify outcomes you believe are achievable by your project. Objectives must be specific, measurable, and time-limited. List 2-4 specific, measurable objectives for each broad goal. Include objectives for each service to be provided with numbers to be served. Program managers and staff should understand and be able to explain how each activity helps achieve a goal or objective, and how achieving these goals and objectives will help solve the problem.

Describe the target population for whom this program will be provided: age, numbers to be served, referral sources and eligibility criteria, as well as those who will be excluded from service. Describe the services/activities to be undertaken by the implementing agency and its collaborators, including staff training, levels of services, hours and program location. Describe the type of health care professional who will be employed to administer the project. Describe the activities that will take place during the start-up period in order to insure proper program implementation. Provide a narrative outlining the services that young women will receive when they participate in this program.

For **each** project objective, specify how it will be implemented, coordinated, and how the overall project will work. Discuss all program components, who will provide services and where services are to be delivered. Include a time table for the 12 months of program activities. Indicate referral sources and describe referral process. Indicate how program clients will be identified. Include positive and negative termination criteria. Describe the personnel that will provide program services. Provide a detailed description of the specific implementation strategies and a timetable for program implementation.

Describe the network of services that will be accessed on behalf of clients. Discuss how the project will coordinate programs/services with existing health/mental health resources and the efforts of other agencies or organizations toward meeting project goals and objectives. Provide as an appendix a list of local service providers, with contact information and types of services that they will provide for program clients.

Evaluation (10 Points)

Projects funded with JJDP Act funds are funded for three years, with a reduction in the second year and a further reduction in the third year of funding. JJDP Act funds are utilized to establish and prove the efficacy of pilot programs. Continuation funding is based on satisfactory program monitoring and the availability of federal funds. To this end, it is imperative that projects have a system for measuring the effectiveness of program components. The goal of the evaluation is to assess the effectiveness of the project. Evaluation of the program will inform needed changes and will assist the project in demonstrating the success of the program to potential future funders. In the process of developing an evaluation plan it is necessary for the project to define what will constitute "success" in the implementation and outcomes of the project.

Reporting requirements include quarterly fiscal and narrative programmatic reports. Narrative reports makes it necessary that the implementing agency provide data and statistics on the implementation of the program. The JJC also requires an outcome evaluation which includes both initial outcomes of youth (e.g. results of pre/post tests, discharge summaries, etc.) as well as long term outcomes of youth who have left the program. The project must create systems for documenting which services were provided to youth, their frequency and results. Additionally, the project must create a methodology for measuring the impact that services had (i.e. changes achieved) through the implementation of the project. Staff must be clear that the outcomes being measured have, in fact, been created through the implementation of the program.

The following will be minimally required to be submitted on a quarterly basis: the number of girls referred, served, number of policies developed, enhanced or expanded. Data on the following should be collected: types of physical/mental health conditions identified; number of conditions addressed/treated/resolved; services provided; number of medical appointments made/missed; referrals for other services; referrals for other family members; history of victimization; type of victimization, age at victimization, was intervention provided at the time of victimization; medical diagnoses; transportation requests. Any data collected should include age and race/ethnicity of youth served, referral sources, specific services provided, termination (both positive and negative). Additionally, information should be documented regarding any challenges and their resolution, as well as, any program highlights.

The outcome evaluation may be conducted by an objective outside party or through expansion of agency capacity. An amount of up to 7% of overall project costs may be dedicated to completion of project evaluation. Please note that continuation funding is based on the ability of projects to implement projects successfully. It is expected that continuation application, along with the data from the current year's activities and achievements, will be provided for funding consideration approximately three months prior to the end of the current grant year. Therefore, it is imperative that there be an organized approach to the evaluation process.

If funded, it is expected that a research body will be engaged and an evaluation plan and methodology will be submitted to the funding agency within three months of the program start date. With this application it is requested that applicants provide an overview of the intended application to be provided to measure program success.

Evaluation plan must include:

- Baseline data from the problem statement that will be compared to data at the end of the project to measure what effect the program has had on youth and the community.
- Methodology – including information/data that will be used as indicators of success for participants and community.
- A statement of what will be collected (indicators and data) and how standards/criteria will be measured.

I. Data

- A. Describe the type of data you will collect.
- B. From which sources will you collect data?
- C. How will you obtain the data?
- D. How will the data be stored?
- E. State how the data to be collected is appropriate to measure objectives.
- F. What type of data on project costs will be collected?

II. Time Frame

- A. When will the data be collected?
- B. When will the data be analyzed?
- C. When will the final report be delivered?

III. Resources

- A. Who will supervise the evaluation?
- B. How will the project gather information without violating the new HIPPA (Health Insurance Portability and Accountability Act) law.
- C. What resources (staff time, hardware/software needs, etc.) have been allocated for the evaluation?

Personnel/Management (5 points)

For each person to be employed by the project with JJDP Act funds provide a detailed job description and job specifications, indicating the level of education and experience required. Describe any positions that will be provided through in-kind or other funding sources. Describe the credentials of the health care professional that will be hired to administer the program. Describe the duties and responsibilities of the project director and to whom the director will report as well as who will be responsible for the programmatic and fiscal operation of the project. Submit resumes for any identified staff. Any existing staff that are hired to work on this project must have previous position back filled in order to avoid supplanting.

Collaboration (10 points)

Indicate where the identified problem to be addressed falls in the county's priority needs/services outlined in the County Youth Services Commission's Plan. List those agencies that will be participating in the program as service providers or referral sources. Memorandums of Agreement/Understanding **must** be submitted from each of these agencies. If any agency is acting as a provider, indicate their capacity to provide successful service by documenting past service provision to similar populations. Provide information on any boards or committees that will provide oversight or support to this effort. Also, describe any role of girls input and participation in the development of the program design through the use of focus groups, surveys, interview, meetings, etc. A letter of acknowledgement is **required** from the County Youth Services Commission for each county in which services will be provided.

Cultural/Ethnic Competency Analysis (5 points)

Applicants must analyze the racial/ethnic ratio of juvenile clients to staff for previous six month period. Specifically, applicants must provide the number of juveniles served by the agency/organization staff under each category, along with staff by title. In addition, applicants must address cultural/ethnic sensitivity and competency training needs and necessary strategies for improving the current juvenile client-staff racial/ethnic ratio, such as advertising in minority medium and utilizing community organizations that have liaisons with the minority community.

Assumption of Cost (5 points)

It is expected that based upon satisfactory program evaluation two additional years of JJDP funding will be provided. The second year will be at a reduced funding level and the third year will be at a further reduced rate. Please indicate how the applicant plans to assume the cost of the project in the second and third year and beyond.

Detailed Budget with Narrative description (10 points)

Please provide a detailed total operating budget for the project period including a narrative justification for each budget line item. Indicate what costs will be provided with JJDP funds as well as in-kind contributions to the project and the source.

APPLICATION REVIEW PROCESS

Application review will be provided by JJDP staff in conjunction with selected members of the Juvenile Justice and Delinquency Prevention Committee. The time table for review is as follows:

Week of October 1st - Mail out to CYSC RFP mailing lists/Post on JJC Website

November 1st - Post in New Jersey Register

November 8th - Potential Applicants Workshop (AM)

December 6th - Proposals due back to Program Development and Prevention Services Office and County Youth Services Commissions

December 15th (AM) - Proposal Review Committee Meets

December 15th- Recommendations of Proposal Review Committee Presented to JJDP Steering Committee

January 14th - JJDP Committee Meeting for funding consideration

After January 14th - Post Award Meeting

February 1st - Project Implementation begins

**STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
JUVENILE JUSTICE COMMISSION
SUBGRANT APPLICATION**

FORMULA GRANTS PROGRAM

1. Type of Application: Initial: _____ Continuation of: _____
2. Program Title: _____
3. Implementing Agency: _____
4. Project Address: _____
5. Project Duration: From _____ to _____
6. Program Area: _____
7. Project Director
Name _____ Title _____
E-mail address _____ Phone _____
Address _____ Zip Code _____
8. Contact Person (Person directly responsible for project)
Name _____ Phone _____
E-mail address _____ Fax # _____
9. Financial Officer
Name _____ Phone _____
Address _____ Zip Code _____

For JJC Use Only:
Total JJDP Funds Requested:

\$ _____

**JJC/JJDP Budget Approval
Project Officer Signature**

Project No Received	Date

Subgrant Period	

Subgrant Number Approved	Date

BUDGET/DETAILED BUDGET EXPLANATION:

Estimated cost details of the project's budget should be itemized on Attachment Two. Costs should be broken down as indicated within the column headings. Any cash or in-kind contributions should be cited in the total operating budget.

No requests for federal funds that would replace or supplant efforts that would have been made in the absence of the federal grant will be approved. Thus, the federal grants must expand the level of service if incorporated into an existing initiative. No reimbursement of funds spent by an applicant prior to the award can be charged to this grant.

Allowable Costs

The allowability of charges made to funds granted under federal legislation is determined in accordance with the general principles of allowability and standards for selected cost items set forth in General Services Administration, Federal Management Circulars and the U.S. Department of Justice Financial Guide.

Unallowable Costs

1. Land Acquisition - Federal funds granted for renting, leasing or renovating facilities may not include land acquisition.
2. Compensation of Federal Employees - Salary payments, consulting fees, and travel costs (including subsistence and lodging) of full-time federal employees are unallowable.
3. Bonuses or Commissions - Payment to any individual for the purpose of obtaining approval of an application for federal assistance is unallowable.
4. Vehicle Acquisition

All items' cost will be reviewed by JJDP to determine acceptability. Costs generally allowable may be rejected if in JJDP's determination such costs are deemed excessive or not integral to the success of the project.

Budget Categories

Budget categories are listed and explained below. Note that applicants should use only whole dollars when itemizing costs. A detailed budget narrative should be attached explaining each budget item. Where applicable, provide rates for mileage, subsistence, printing costs per 1,000 copies, etc.

A. Salaries and Wages

List each position for which funds are requested indicating the percentage of time to be spent on the project and the total annual salary of each. Employees' benefits, such as retirement, FICA and health insurance should be shown separately and itemized.

It is essential that subgrantees adequately forecast salary requirements (including base salaries and anticipated increments) when submitting applications to JJDP. All requests for salary increases, not provided within the approved project budget, will be reviewed on a case by case basis but in no case will the total amount of the grant be increased. Approval of such requests will be based upon reasonableness, consistency with local policy and availability of funds within the project budget.

B. Purchase of Services

For all purchases of services, include in the application resumes of individuals or qualifications or organizations performing the duties. As a general rule, a maximum of \$450 for an eight-hour day may be charged. If less than an eight-hour day is being provided, an hourly rate of \$56.25 should be requested. JJDP reserved the right to approve or disapprove consultant services prior to commitment for such services.

1. *Contracting/Service Organizations and Associations.* With respect to such services, the arrangement must be formal and consistent with federal, state and local procurement regulations. Selection of contractors should involve securing competitive bids or proposals from a group of qualified organizations. On all sole sources contracts over \$7,500, justification for use of this method must be included in the application.

A detailed cost estimate should be provided in the Budget Explanation, including the scope of services to be performed, professional qualifications, and the basis for calculating fees including the estimated number of days required, travel rate, overhead, etc. Prior to obtaining the services of any organization, a copy of the proposed contract must be submitted to the JJDP for review and approval. The proposed contract will not be reviewed for legal sufficiency, but rather to insure that the scope of services to be provided is consistent with overall project goals and objectives.

2. Instructional Costs for Training Seminars, Workshops, etc.

Travel costs incurred for outside professionals for staff training including costs for travel, transportation and subsistence for these professionals will be included under Instructional Costs. Provide details that show the basis for the amount requested.

3. Other costs for professional services, i.e. emergency medical services or examinations, psychological/social services and contracting agreements for child care, payroll service, audits, accounting, laboratory analysis, etc.

C. Travel, Transportation, Subsistence

Show travel costs by estimating the number of trips, multiplied by the estimated cost per trip. Where possible, show the proposed destination and purpose of the trip(s). In the absence of a locally approved rate, costs for travel and subsistence should be budgeted in accordance with current State regulations. Travel rates cannot be charged in excess of the State maximum of \$0.31 per mile.

Purchase of vehicles are not allowable under this grant. However, vehicle rentals and leasing are allowable, where vital to program functioning.

Also to be included under this category are expenses to be incurred for lunches and refreshments for participants in training programs funded by this Agency. Amounts for lunches and refreshments should be itemized at per person costs. Meals for clients should also be listed in this budget category.

D. Consumable Supplies

Estimate the cost of materials directly required by the project, such as office supplies, postage, printing and other expendable materials needed during the course of normal operation of the project. Each item must be individually itemized. Purchase of medicine/medical supplies should be charged under this budget category. Also include equipment items with a unit cost of \$25 or less.

E. Facilities, Office Space, Utilities, Equipment Rental

Estimate the cost of office space rental, furniture or equipment rental, maintenance costs, equipment maintenance contracts, utilities, telephone, etc. Show the cost per square foot for office space. Note that rent may not be charged for the use of public buildings, however, actual costs that can be accounted for may be used.

Rental space, including space for file, conference, mail, supply, reproduction, and storage rooms should not exceed 150 square feet per employee. Costs should be consistent with prevailing rates in the area and documentation should be maintained in the file of the grant.

F. Equipment

JJDP may approve the purchase of equipment deemed appropriate and essential to the successful operation of projects under the approved program. Requests for equipment should contain adequate cost specifications, including equipment type, quantity and estimated cost. An inventory of all equipment purchased with grant funds or through the federal excess property program must be submitted to JJDP within 90 days upon termination of each grant.

A detailed explanation of equipment utilization should be included in the application. If training in the use of equipment is necessary a schedule of training, including length of

training, trainees and instructors should be presented.

Applicants should become familiar with Office of Management and Budget Circular A102, Appendix N, Property Management Standards. This guideline outlines subgrantee responsibilities in developing and maintaining adequate property records, internal control systems and periodic physical inventory checks.

G. Indirect Costs

Indirect costs are chargeable to federal funds, however every effort should be made to maximize the grant funds for direct project services. Consistent with this aim, indirect costs charged to the federal portion of a grant will be limited to 5% of the total direct project costs.

These are the maximum flat rates allowed by U.S. Department of Justice in lieu of a negotiated rate. Subgrantees may not also charge expenses normally included as indirect costs, e.g. accounting services, legal service, building occupancy and maintenance, etc. as direct costs.

PROJECT FORMAT CHECKLIST

Please ensure that you have addressed all sections of the application as outlined in the Proposal Format. Scoring is based on 100 point total, as indicated.

Did you include:

- | | | |
|-----|--|-------|
| 1. | Executive Summary (5 points) | _____ |
| 2. | Applicant Agency/Capacity (10 points) | _____ |
| 3. | Problem Statement (15 points) | _____ |
| 4. | Logic Model (25 points) | _____ |
| 5. | Evaluation (10 points) | _____ |
| 6. | Personnel/Management (5 points) | _____ |
| 7. | Collaboration (10 points) | _____ |
| 8. | Cultural Competency Analysis (5 points) | _____ |
| 9. | Assumption of Cost (5 points) | _____ |
| 10. | Budget/Budget Narrative (10 points) | _____ |
| | TOTAL | _____ |

IN ADDITION, HAVE YOU INCLUDED: Application Face Sheet, Executive Summary, Letters of support and commitment?

Please direct any questions to Danielle Hill, Gender Specific Coordinator,
Program Development and Prevention Services Unit, 609-341-3805

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